



Application for Licensure as a Home Inspector

Home Inspectors Licensing Board
Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.in.gov/pla

* Your Social Security Number is being requested by this state agency in accordance with Indiana Code § 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY

APPLICATION FEE:

DATE FEE PAID:

RECEIPT NUMBER:

LICENSE NUMBER ISSUED:

DATE LICENSE ISSUED:

LICENSE OBTAINED BY:

PLEASE ATTACH ONE
PASSPORT QUALITY
PHOTOGRAPH HERE
(See Instructions)

ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.

APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)

Current Address (number, street or Rural Route)

City

State

ZIP Code

Permanent Address (IF DIFFERENT FROM ADDRESS ABOVE)

City

State

ZIP Code

Work Telephone Number (include area code)

Home Telephone Number (include area code)

Email Address

Date of Birth (month, day, year)

Place of Birth (city, state)

Social Security Number *

METHOD OF OBTAINING LICENSURE

☐

I am applying for licensure via successful completion of an approved pre-licensing course and required examination.

☐

I am applying for licensure via grandparenting. (**NOTE:** Applications for licensure via grandparenting must be submitted by January 1, 2006)

☐

I have been engaged in the practice of home inspections for at least six (6) months; **AND**

☐

I have completed at least twenty-five (25) home inspections for compensation in the previous twelve (12) months;

OR

☐

I have performed at least one hundred (100) home inspections for compensation in my career as a home inspector.

☐

I am applying for licensure via reciprocity.

☐

I am currently licensed/registered/certified as a home inspector in another state.

Type of licensure/registration/certification: _____

Issued by: _____

EDUCATION INFORMATION

Have you graduated from high school or obtained a GED? _____ Yes _____ No (Please provide information below)

Name of School	Location (city and state)	Diploma/GED Date
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PRE-LICENSING COURSE INFORMATION

Have you completed a Board-approved pre-licensing course? _____ Yes _____ No (Please provide information below)

APPLICANTS MUST ATTACH AN ORIGINAL OR NOTARIZED COPY OF THEIR CERTIFICATE OF COURSE COMPLETION. (If you are applying for licensure via reciprocity or under the grandparenting provision, then you are not required to submit this certificate or complete this section.)

Name of Course Provider	Indiana Course Provider Registration Number	Date Completed (month, day, year)
Location (city and state)	Number of classroom credit hours completed:	Number of in-field training hours completed:

CERTIFICATE OF INSURANCE

APPLICANTS MUST ATTACH AN ORIGINAL OR NOTARIZED COPY OF THEIR CERTIFICATE OF INSURANCE.

Name of Insurance Provider	
Phone Number of Insurance Provider	Policy Number

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?

☐ Yes ☐ No (If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.)

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	STATUS
1.				
2.				
3.				
4.				
5.				

If your answer is "yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any license, registration, certificate, or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, registration, certificate, or permit to practice or perform any regulated occupation in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of, pled guilty or <i>nolo contendere</i> to any offense, misdemeanor or felony in any state? (except for minor violations of traffic laws resulting in fines)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of Applicant

Date signed (month, day, year)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency, or the Indiana Home Inspectors Licensing Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organization and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency, or the Indiana Home Inspectors Licensing Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of Applicant

Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____



SS:

I, _____, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of Applicant

Signature of Notary Public

Printed or Typed Name of Applicant

Printed or Typed Name of Notary Public

Date Subscribed and Sworn To (*Notary Public*)

County of Residence

Date Commission Expires

LOG OF INSPECTIONS

This section is to be used only by applicants for licensure via grandparenting. If more pages are needed, please copy this sheet.

Please see the application instructions for information regarding documentation that must be submitted, for inspections listed on this log, in order to verify the completion of the inspections being used to qualify for licensure via grandparenting.

LIST HOME INSPECTIONS PERSONALLY PERFORMED BY YOU FOR COMPENSATION.

[illegible]

I hereby swear and affirm, under penalties of perjury, that the home inspections listed on this page were performed by me, for compensation.

Signature: _____

Date: _____